**RESPONSE HIGHLIGHTS**

- UNICEF is working with partners to directly provide non-clinical care and support to 68 families with babies affected by Zika Congenital Syndrome in the Dominican Republic, and over 350 in Brazil.

- Ministries of Health in the region such as in Honduras and Guatemala are reporting increased numbers of cases of Congenital ZIKV Syndrome. As a result of this UNICEF is working with partners to improve surveillance and detection mechanisms both for ZIKV and its consequences.

- UNICEF has developed guidelines on qualitative and quantitative KAP and risk perception studies in Guatemala, Honduras, El Salvador and the Dominican Republic to support evidence generation for the ZIKV Response.

- UNICEF Honduras have carried out 7 field visits to families with children with microcephaly in: Tegucigalpa, San Pedro Sula and Choluteca. These activities are framed under the implementation of actions focused on providing non-clinical care and support for children and families affected by ZIKV.

- UNICEF El Salvador has launched its own U-Report platform to support the youth participation in its ZIKV Response.

- Key messages around ZIKV prevention have been included as part of the package of key materials in the Emergency Response to floods in Peru.

**SITUATION OVERVIEW**

- **769,516** Zika cases (suspected and confirmed) reported by 48 countries and territories in LAC. (PAHO, 4 May 2017)

- **3,125** cases of Zika Congenital Syndrome associated with Zika Virus reported by 26 countries and territories in LAC. (PAHO, 4 May 2017)

- **5 LAC countries** have reported evidence of person-to-person ZIKV transmission, via a sexual route. (WHO, 27 April 2017)

**Funding**

UNICEF financial requirements for 2017 is $16,996,000. There is a current funding gap of $10.6million.

---

**UNICEF RESULTS**

<table>
<thead>
<tr>
<th>Target</th>
<th>Results 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population reached with key risk communication messages through multiple communication channels.</td>
<td>200,000,000</td>
</tr>
</tbody>
</table>

**MORE THAN A NUMBER**

Photo: This little boy in Dominican Republic is enjoying the ball pond as part. UNICEF Dominican Republic is working through implementing partners to provide non-medical Care & Support to infants affected and their families.
• UNICEF works with epidemiological data from PAHO. The latest cumulative cases report (4 May 2017) can be found here, whilst the latest epidemiological update (27 April 2017) can be found here.
• To date, 84 countries and territories around the world report continuing mosquito-borne transmission. 48 countries and territories in the Americas have confirmed autochthonous, vector-borne transmission of Zika virus disease since 2015, while five countries have reported sexually transmitted Zika cases.
• The trend of reported cases in Central America continues to decline, with the exception of Guatemala. In Aruba, an upward trend in the number of suspected and confirmed cases persists since EW 29 of 2016. Following a declining trend in reported cases since EW 7 of 2016, starting from EW 1 of 2017, there has been an increasing trend of reported cases in South America mainly due to increases in the number of cases in Bolivia (Plurinational State of), Brazil, Ecuador, and Peru.
• To date, 26 countries and territories in the Americas have reported confirmed cases of congenital syndrome associated with Zika virus infection. In EW 15 and EW 17 of 2017, Ecuador and Barbados reported for the first time confirmed cases of congenital syndrome associated with Zika virus infection. In the last eight weeks (EW 10 to EW 17 of 2017), Brazil, Colombia, Costa Rica, Ecuador, Grenada, Honduras, Guadeloupe, Guatemala, Martinique, Mexico, Puerto Rico, and the United States of America updated their number of cases of congenital syndrome associated with Zika virus infection.
• In EW 17 of 2017, Barbados reported its first five cases of Guillain-Barré syndrome (GBS) associated with Zika virus infection.

HUMANITARIAN RESPONSE STRATEGY

UNICEF continues responding to the crisis focusing on prevention activities which aim is to ensure that less children are born affected by ZIKV and on supporting adequate care and support for children affected by Zika Congenital Syndrome to ensure fulfillment of their right to full development and inclusion. UNICEF’s strategy encompasses ensuring there is a demand for diagnostics, particularly from pregnant women, works in preventing the impact of ZIKV (including prevention of transmission by vector, transmission by sexual relations and vertical transmission), and in non-medical Care and Support. As previously reported, there is a particular emphasis on non-clinical Child Care (early intervention) & Family Support for children affected by Congenital ZIKV Syndrome and their families, which corresponds to UNICEF’s institutional commitment to this effect. This builds on UNICEF’s mandate, comparative advantage and our past experiences, meaning that we are currently uniquely placed to lead this component. This work is in coordination and collaboration with national and local governments, civil society, PAHO, international and national NGOs, USAID and other actors.

2. REGIONAL ACTIVITIES

2.1. COORDINATION AND LEADERSHIP

• UNICEF continues to work and coordinate with partners at a regional, national and global level to coordinate the response and exchange experience and knowledge. Regular meetings with PAHO, Save The Children, IFRC, USAID and other partners ensure an efficient multi sector response. UNICEF regional office for Latin America and the Caribbean (LACRO) continues to offer support to other regions facing ZIKV infection.
• As part of this collaborative work, UNICEF LACRO is developing ZIKA guidelines and protocols jointly with PAHO and Save the Children, to be used at community level in support to children and families affected by ZIKV.
• In the light of outbreaks around Yellow Fever, UNICEF LACRO alongside UNICEF Brazil has been utilizing experience to date around ZIKV to help assess, monitor and respond to the situation in close coordination with the Brazilian Ministry of Health.

2.2. TECHNICAL SUPPORT & CAPACITY BUILDING

- Guidelines and instruments for qualitative and quantitative KAP and risk perception studies have been developed by UNICEF Country Offices in Guatemala, Honduras, El Salvador and the Dominican Republic, reviewed by LACRO and shared with other regional partners. This will support the work with research agency IPSOS to generate evidence around desired knowledge, attitudes and behaviors to help shape the response.
- Technical recommendations were shared with Guatemala Country Office to refine contents of Communication strategies and the development of the ZIKV Certificate in collaboration with the Rafael Landívar University.
- Tools for using U-Report to support the ZIKV Response have been shared with Country Offices that have, or are in the process of implementing, a dedicated country platform.
- Regional technical support was provided to the UNICEF Honduras for the organization and implementation of an inter-institutional level workshop on Care and Support, focusing on preparing a more coordinated and technically sound initiative with implementing partners. This was followed by a two-day workshop on discussions and information exchange on the availability of and existing gaps related Care and Support planning, operational and reference materials. The two combined workshops provide a potential model for future country level training with UNICEF main partners.
- Regional training, funding and technical support was provided to the UNICEF Belize CO and the three-ministry national ECD technical team (made up of the Ministries of Health, Education and Human Development) to further develop the national ECD capacity to rollout and incorporate the WHO-UNICEF Care for Child Development initiative as part of the national ECD Strategic Plan. For the first time, a specific technical session was incorporated within the training plan on the impact of Zika and the link with CCD implementation.
- On-going technical and orientation support has been provided by the Regional Care and Support Roving Consultant to Guatemala, Honduras, El Salvador and Dominican Republic UNICEF offices on care and support initiatives, in aspects pertaining to design and implementation of training strategies, revision of family-focused early stimulation and intervention materials, and follow-up of individual country plans.
- A set of 8 draft booklets has been prepared for future layout and illustration work, focusing on family orientation, child development, early stimulation, developmental delay warning signs and general recommendations for parents supporting the development of their young children with disabilities.
- Three initial orientation guides have been developed on the topics of: childhood disabilities, family adjusting to a child with a disability, and parenting (child rearing practices), for initial use as a potential model for country level adaptations.
- Through UNICEF LACRO participation, UNICEF was actively involved in the initial revision of the WHO ZIKA Toolkit for the Care and Support of people affected by complications associated with Zika virus disease, and is now involved in the official launching of this material and initiative during the month of June, in Honduras. Honduras has been selected as a country site for initial field testing, which will be linked to the on-going UNICEF Zika Response initiative (Care and Support).

2.3. COMMUNICATION

- UNICEF continues to promote the U-Report ZIKV Info Centre in affected countries. The online promotion of this tool has ensured the number of U-Reporters able to access this tool in the region has increased by almost 50% to 3,300 young people and adolescents. In addition, those U-Reporters who told us that they or their partner were pregnant or thinking of having a baby, have received follow-up information on the importance of attending prenatal checks, adopting personal protection habits whilst pregnant and avoiding getting bitten by mosquitos.
- UNICEF LACRO has also shared its experience of using U-Report for ZIKV with global U-Report Country Office colleagues, providing detailed information on the ZIKV Info Centre and how it may be a prototype for other UNICEF initiatives such as HIV, civil education or emergency preparedness.
- The floods in Peru have increased the likelihood of an outbreak of ZIKV and other mosquito-borne diseases. Messages around the importance of eliminating mosquito breeding sites and personal protection against being bitten were included as priority messages in the “Strategic Guidelines to manage communication around the Coastal Niño phenomenon.” This document will be shared with other countries in the region also suffering from floods, landslides and flash floods such as Colombia, Ecuador and Bolivia.
- The prevention campaign (social media online) was launched at the end of March on regional and national social media channels. The campaign aims to continually educate people, especially pregnant women and their partners, on ZIKV, its symptoms, consequences and how to prevent it. The campaign will continue until mid-August, with weekly posts on UNICEF channels. One video of two Honduran teenagers rapping about ZIKV was watched 250,000 times on the UNICEF Dominican Republic Facebook page.
2.4 KNOWLEDGE MANAGEMENT

As a part of a Knowledge Management Strategy, UNICEF aims to build a tool-kit of useful documentation that will contribute to develop and plan evidence based interventions for ZIKV response. The efforts are oriented to:
- Document and order systematically all the processes of response to the ZIKV from March 2016, analyzing all the quantitative and qualitative information available.
- Identify lessons learnt and successful experiences in prevention and care and support components, that can be shared with the other countries to be adapted and replicated in similar contexts.
- Analyze how UNICEF faced the challenge of a new vector borne disease that has changed over time, connecting very different sectors, and the need to shift the strategic focus from an emergency action to a long-term intervention more focused on sustainability and capacity building.
- Propose strategic recommendations to improve the response in the components of prevention, as well as in the non-clinical Care and Support of families affected by Zika's Congenital Syndrome.

To that purpose, different consultancies are ongoing for the systematization and documentation of the processes and the information produced along the response.

3. PROGRAMME RESPONSE AT COUNTRY LEVEL: ACTIVITY 10 FEBRUARY – 30 APRIL

3.1 INTEGRATED RESPONSE ACTIVITIES

Detection

Work around ensuring accurate detection of Congenital Zika Syndrome including microcephaly continues to be an important line of work for many UNICEF COs and governments. In the Dominican Republic, for example, studies have found both a severe underreporting of cases of microcephaly (with sub-notification to official body SINAVE being predicted to be as high as 82%), but also that around 46% of babies who don’t have microcephaly still require early stimulation reinforcement.

At the same time work to increase surveillance of ZIKV infection in pregnant women, and detecting potential neurological damage in infants caused by ZIKV is taking place in multiple countries in the region. In Guatemala, UNICEF is working through local partner ASCATED to undertake a mapping exercise to identify both children and their families affected by ZIKV, and the national and local capacities to support these families. To date 27 institutions have been mapped.

In Nicaragua UNICEF has supported the Ministry of Health in developing "The Clinical Practice Guidelines for Care of Pregnant Women with Zika Virus Infection" and the "Guidelines for monitoring congenital syndrome associated with Zika virus infection" and has undertaken a Training of Trainers workshop for maternal and child health services staff in 5 prioritized areas. In Argentina and Bolivia UNICEF is supporting the Ministry of Health to train health workers such as neonatologists in how to detect CSZ, whilst in Costa Rica the Congenital Infections Clinic of the National Children’s Hospital is following the progress of 60 infants born from ZIKV infected mothers.

Prevention

UNICEF works on ZIKV prevention activities at national, regional and community levels. In Argentina, for example, at the national level UNICEF is supporting the government with guidelines for ZIKV and Dengue including vector control, whilst at the regional level in the Province of Salta, health professionals are being trained on ZIKV prevention with an emphasis on pregnant women. In Brazil, UNICEF is present in 84 per cent of the municipalities classified as at high-risk of mosquito infection. The local UNICEF presence facilitated the mobilization and capacity development of 1,134 municipalities located in the SAB (Semi-arid region, the most affected area) in order to reduce breeding sites of the Aedes aegypti.

In Colombia, at the local level 1,362 families in Ibagué and Chaparral have received training on three of the 13 key behavioral practices for prevention of Aedes Aegypti using the Seres de Cuidado methodology. They have learnt about solid waste management, preventing vector proliferation, and the appropriate use of mosquito nets and water consumption. At the same time working groups have been established to coordinate social mobilization activities in schools, communities, families and public spaces in the two municipalities. UNICEF and partners have used giant screens in public plazas in Ibagué and Chaparral in Tolima Department, and in Montería in Córdoba Department. This has been reinforced through social media networks that are being actively used to disseminate the messages developed by LACRO.
on dealing with the first year after confirmation of sexual transmission of the Zika virus. Additionally, 90 pregnant women were given information about vector prevention and counselling advice.

Education, both formal and informal, continues to be a key area for distribution of prevention messages. In Jamaica, visual materials are being disseminated to schools across the island, Ecuador has implemented an education programme on vector control in schools reaching over 10,000 students, Bolivia has been working on educational flipcharts that have been distributed to 250 education institutes, whilst in Colombia UNICEF and partners carried out a workshop on the prevention of virus-transmitted diseases in the education sector with 42 school principals, academic coordinators, teachers and student representatives.

In the Dominican Republic, a proposal for TOT workshops for provincial level is defined, that will include promotion of health in schools with specific focus on monitoring guidelines for mosquito breeding reduction. Other USAID partners (i.e. Save the Children) will be using the same reference material for working in schools, reproducing it accordingly to their target population. In this country, UNICEF has signed an agreement with the Sustainable Development Network to provide advice about ZIKV to adolescents who are not studying in formal education through the participation of youth volunteers. These volunteers will use the voices of children from the Child Communicators Network to communicate these messages to communities.

Mass media is part of the ZIKV response strategies of several UNICEF country offices, with Jamaica placing ZIKV messages on the most highly rated national television station and on the local entertainment cable station targeting adolescents and young people. This was coupled with media interviews with the Health Promotion Team of the National Family Planning Board to ensure the discussion doesn’t just centre around mosquitoes, but sexual transmission and the reduction of adolescent pregnancies. In the Dominican Republic, a social media campaign has been activated via Facebook, Instagram, Twitter, UNICEF Dominican Republic’s web page and Alguien.do. This will be complemented by private sector activity too. UNICEF Ecuador launched a series of social media messages in digital media communication campaigns in order to strengthen community knowledge and change behaviours and practices with a focus on vector control. Analysis indicates that Facebook users exposed to UNICEF content increased their understanding of Zika virus prevention.

Youth and community participation is an active part of the ZIKV Response of UNICEF in the region, particularly in Dominican Republic, El Salvador, Nicaragua and Guatemala. In early May El Salvador launched its own U-Report platform to engage youth and adolescents. In Guatemala UNICEF is working with implementing partner PAZJOVEN to reach adolescents in 9 municipalities and train them as ‘super facilitators.’ In the Dominican Republic UNICEF is working with about 300 local adolescents who are working to promote behavioral change at domiciliary level. About 40 local promoters have been trained in ZIKV mitigation home-visits and follow-up. In Nicaragua, UNICEF is supporting the ICS for developing an interface that adapts the platform DengueChat to ZikaChat. This tool allows community leaders to map homes with mosquitoes breeding sites (baseline), conduct education activities and assess their impact. To date, five thousand homes have been visited (50%), reaching 20 thousand people with educational messages.

**Care & Support**

Work around Care and Support is divided in two principal areas of work: ensuring sufficient preparation to provide appropriate non-clinical Care and Support if required and implementing support services to children and families already affected by ZIKA congenital syndrome.

In Brazil, in the Semi-arid region, through UNICEF’s Networks of Inclusion project a total of 600 professionals have been trained in an on-line course to strengthen families’ competences for ZIKA prevention, care and support for affected babies and families, whilst in the Ceará state, UNICEF is supporting the NGO NUTEP in the development of an innovative early intervention initiative with an ongoing longitudinal follow-up study of 22 families and their babies. In Recife, in the State of Pernambuco, 255 families and caregivers are receiving support from specialized public health services and the Networks of Inclusion project. This represents 63 per cent (255/408) of all families with children affected by ZIKA virus living in Pernambuco. In Campina Grande, the project works with 125 families and caregivers, representing 65 per cent of all families with children with disabilities living in Paraiba State.
UNICEF, with its key partners in the Dominican Republic, is providing a primary response to families affected by ZCS. Volunteers by the PMI and INSALUD are identifying and supporting, emotionally and logistically, families to guarantee access to specialist evaluation and early child stimulation. To this date, about 68 families have been reached and supported. In Honduras, with the participation of the ChildFund organization, a pilot program has begun for the community-based strategy to provide non-clinical assistance to children and families affected by Zika. 7 visits were made to the homes of families affected by Zika by the technical team from the Secretariat of Health, UNICEF and ChildFund to strengthen the community strategy with their methodology and instruments in the municipalities of Tegucigalpa, Choluteca and San Pedro Sula.

With regards to preparation, countries such as El Salvador and Argentina are mapping the services available to families with an infant with ZCS. At the same time, various country offices are ensuring relevant health staff receive appropriate training – in the Dominican Republic this is taking place through UNICEF’s Education Programme in coordination with INAIP’s national guidelines on early stimulation, in Suriname UNICEF continues to work with the NGO Medical Mission to ensure how to support children with congenital malformations are included in the training for Health Care Workers and will send 320 ECD kits to health posts to support this activity; and in Argentina neonatologists are being trained on congenital syndromes. In Colombia, UNICEF is developing educational materials to support parents of children with disabilities, that include congenital malformations, based on an adaptation of a manual for parents by the University of Illinois.

Knowledge Management

Many COs are supporting the generation and search for evidence around ZIKV with regards to both prevention and care and support. Argentina has begun a KAP study on women of childbearing age, adolescents and the partners of both, to understand the barriers and enablers to prevention and community based vector control. In Eastern Caribbean, for example, UNICEF is working with the Red Cross to undertake a survey in Antigua & Barbuda, Grenada and Dominica to ascertain knowledge, attitudes and practices of adolescents with regards to preventing ZIKV and other mosquito-borne diseases, as well as understanding what support adolescent mothers may need if they were to contract ZIKV. The baseline on behavioral practices that took place in Colombia is being finalized with data from participating families in the Seres de Cuidado programme in Ibagué and Chaparral.

UNICEF will be working with research agency IPSOS in several countries in the region for a baseline study of KAPs related to ZIKV. In the Dominican Republic these have begun to be implemented and involve quantitative research at household level, and qualitative focus groups and in-depth interviews with health personal.

In April 2017, UNICEF Brazil and the Claro Telecom announced partnership in the fight against the spread of the Zika virus in Brazil. The partnership aims to research the evolution of the disease in the national territory from a locality, using geographic information systems and mobility data collected by Claro's intelligence team. Based on the results of this research, UNICEF hopes to identify how human movement interacts with other factors in cities with outbreaks of the disease.

Coordination at National level

Across all countries in the region where ZIKV response is being implemented, UNICEF continues to strengthen its coordination with relevant government and non-government partners at national and local level. From youth networks to research agencies, and via round tables and meetings, UNICEF ensures a streamlined and integrated multi sector response. This coordination ensures effective implementation but also monitoring of the response. One example of the reinforcement of these coordination systems is in UNICEF Honduras where the Secretariat of Health’s Zika Command was strengthened, whilst in Brazil, UNICEF has been working with PAHO/WHO and the Ministry of Health in the region of Campina Grande to ensure an integrated health, education and social assistance response.
UNICEF has received an additional round of funds from Google to the value of $155,163. These funds have been distributed to countries with priority actions. There remains an urgent need to bridge the funding gap of $10.6 million in order to prevent and mitigate the impact of ZIKV on children and families in Latin America and the Caribbean.

5. MONITORING AND EVALUATION

The Zika response Program in LAC has initiated a process to raise the values of the indicators proposed in the M&E strategy, most of them oriented to measure knowledges, attitudes and practices (KAP). KAP studies are being developed in four countries - Honduras, Dominican Republic, Guatemala and El Salvador - as a base-line that will permit to have a reference for the measurement of the scope of the intervention and the impact on the different activities, especially children and families affected by CZS and health providers.

The following are the main indicators that are cumulative from 2016.

<table>
<thead>
<tr>
<th>UNICEF RESULTS</th>
<th>Total Results (cumulative since February 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target population reached with key risk communication messages through multiple communication channels.</td>
<td>169,887,782</td>
</tr>
<tr>
<td>Target population reached with social mobilization and interpersonal communication Zika virus prevention sessions.</td>
<td>276,055</td>
</tr>
<tr>
<td>Pregnant women benefited with quality counselling sessions to prevent Zika virus infection.</td>
<td>20,301</td>
</tr>
</tbody>
</table>

Who to contact for further information:

Carlos Mancilla
LACRO ZIKV Regional Adviser
LACRO – Panama
Tel. +507 6618 2463
cmancilla@unicef.org.

Andres A Lopez
Regional Chief of Communication
LACRO – Panama
Tel. +507 301-7484
aalopez@unicef.org

C. Douglas Reimer
Regional Chief of Emergency
LACRO - Panama
Tel. +507 301-7484
dreimer@unicef.org

Stefan Stefansson
Regional Chief of Partnerships
LACRO - Panama
Tel. +507 301-7489
sstefansson@unicef.org

LACRO ZIKV Team
fjambrilla@unicef.org
dsimon@unicef.org
rgnunez@unicef.org
jlainez@unicef.org
vmaskell@unicef.org
fpallais@unicef.org
mdouglas@unicef.org